

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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RECEIVED
MAR 5 2008
DPHHS-DSD

March 4, 2008

To: Jack Chambers, CEO ORI
Wayne Reynolds, ORI CM Supervisor

FROM: Cherilyn Turner and Chris Kleinsasser, QIS Region II

RE: ORI Case Management Review FY 08

Please find the attached Case Management review of ORI services in Region II. This review follows the procedure outlined in the Quality Assurance Standards for case management dated 07/01/05 with one difference. The checklist used for plan reviews was updated in March 2007 to include the movement from Individual Planning to Personal Supports Planning. The data gathered from the file review is documented on the excel spreadsheets attached to this letter and is comprised of a 10% sample (16 files across all case managers) as required by current policy. All files reviewed included the new PSP process.

ORI covers a very large geographic area for case management services in 8 counties. Overall findings during this review demonstrate that the geographic distance has not hindered the supervision and consistency of quality services. Findings were quite consistent from one satellite area to the next with exceptions noted on the excel spreadsheets. All other findings noted here and on the attached QAOS forms were consistent across the region. There is one finding reported on the Quality Assurance Observation Sheet (QAOS) that does require a response by March 19, 2008. The other

QAOS forms document commendations for services well done and do not require a response.

The current quality assurance process for case management only addresses a few basic questions outlined in the attached document. This process is in review and is likely to change by the next comprehensive review. With this in mind, the following observations may want to be considered for possible future needs.

1. It has been found that referral updates have not been made a priority in the past. New screening procedures make it very important that referral information be comprehensive, complete, and updated regularly.

2. PSP documents have not always been disseminated within the required time frames. This will become more important as providers are being held accountable for implementation strategies.

If you have any questions or concerns regarding this review please feel free to contact us. It has been a pleasure working with the dedicated staff at ORI and we look forward to continuing to work together to support the individuals in our services.

Note – Attach all supporting documentation.

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program
Quality Assurance Observation Sheet No:1308

INQUIRY INFORMATION			
	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Quality Assurance review <input type="checkbox"/> Plan of Correction needed		
Provider:	Opportunity Resources, Inc.	QIS:	Chris Kleinsasser, Cherilyn Turner
Date:	3/4/08	Concern:	Commendation for immediate remedy of concerns

DDP DETAILS		
Observation:	It has been noted when a concern is identified the CM supervisor and/or case managent staff take it very seriously and are quick to work with others to remedy the situation.	
Criterion:		
Effect:	ORI case managers work efficiently and effectively with others.	
QIS Signature:	Chris Kleinsasser, Cherilyn Turner	Due date: na

PROVIDER RESPONSE	
Cause (why did it occur):	
Action (what will be done):	
Signed by:	Date:

DDP	
Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Requesting further review [response date:]	
Copy to (check all that apply): <input checked="" type="checkbox"/> Regional Manager <input checked="" type="checkbox"/> Executive Director <input checked="" type="checkbox"/> DDP Bureau Chief	
<input checked="" type="checkbox"/> Contact File <input checked="" type="checkbox"/> Quality Assurance Specialist <input checked="" type="checkbox"/> President, Board of Directors	
<input type="checkbox"/> Other (Specify:)	

Comments:

Note – Attach all supporting documentation.

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program
Quality Assurance Observation Sheet No:2308

	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Quality Assurance review <input type="checkbox"/> Plan of Correction needed		
Provider:	Opportunity Resources, Inc.	QIS:	Chris Kleinsasser, Cherilyn Turner
Date:	3/4/08	Concern:	PSP not completed within 365 days

APPENDIX 1		
Observation:	There were consumers that did not have their PSP/ISP's within 365 days of last PSP. (Please see the excel spread sheets for specifics. Consumers '	
Criterion:	PSP Development Guide, 37.34.1102	
Effect:	It's important to re-visit an individual's plan within scheduled time frames to better assist in a complex process to meet consumers needs.	
OIS Signature:	Chris Kleinsasser, Cherilyn Turner	Due date: 3/19/08

PROXIDIS RESPONSE	
Cause (why did it occur):	
Action (what will be done):	
Signed by:	Date:

Disposition: ☐ Accepted ☐ Requesting further review [response date: _____]

Copy to (check all that apply): ☒ Regional Manager ☒ Executive Director ☒ DDP Bureau Chief
☒ Contact File ☒ Quality Assurance Specialist ☒ President, Board of Directors

☐ Other (Specify: _____)

Comments:

Note – Attach all supporting documentation.

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program
Quality Assurance Observation Sheet No:3308

INQUIRY INFORMATION			
	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Quality Assurance review <input type="checkbox"/> Plan of Correction needed		
Provider:	Opportunity Resources, Inc.	QIS:	Chris Kleinsasser, Cherilyn Turner
Date:	3/4/08	Concern:	Contacts, interest in consumers above and beyond

DDP DETAILS		
Observation:	Case Manager's contacts with consumer's served are more than the minimum requirements. It is evident through contact notes, meetings and PSP planning that case managers are committed to ensuring consumer's needs are being met.	
Criterion:		
Effect:	Allows consumer's interests, wants and needs to be noted and addressed.	
QIS Signature:	Chris Kleinsasser, Cherilyn Turner	Due date: na

PROVIDER RESPONSE	
Cause (why did it occur):	
Action (what will be done):	
Signed by:	Date:

DDP
Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Requesting further review [response date:]
Copy to (check all that apply): <input checked="" type="checkbox"/> Regional Manager <input checked="" type="checkbox"/> Executive Director <input checked="" type="checkbox"/> DDP Bureau Chief <input checked="" type="checkbox"/> Contact File <input checked="" type="checkbox"/> Quality Assurance Specialist <input checked="" type="checkbox"/> President, Board of Directors
<input type="checkbox"/> Other (Specify:)

Comments:

Note – Attach all supporting documentation.

STATE OF MONTANA
Department of Public Health and Human Services
Developmental Disabilities Program
Quality Assurance Observation Sheet No:4308

INQUIRY INFORMATION			
	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Quality Assurance review <input type="checkbox"/> Plan of Correction needed		
Provider:	Opportunity Resources, Inc.	QIS:	Chris Kleinsasser, Cherilyn Turner
Date:	3/4/08	Concern:	Thorough PSP documentation

DDP DETAILS		
Observation:	ORI staff are efficient and effective in ensuring their PSP documentation is accurate, complete and disbursed to the appropriate team members.	
Criterion:	PSP Development Guide, 37.34.1101 & 1109	
Effect:	With all the demands placed on all, this reduces follow-up and incomplete plans.	
QIS Signature:	Chris Kleinsasser, Cherilyn Turner	Due date: na

PROVIDER RESPONSE	
Cause (why did it occur):	
Action (what will be done):	
Signed by:	Date:

DDP	
Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Requesting further review [response date:]	
Copy to (check all that apply): <input checked="" type="checkbox"/> Regional Manager <input checked="" type="checkbox"/> Executive Director <input checked="" type="checkbox"/> DDP Bureau Chief <input checked="" type="checkbox"/> Contact File <input checked="" type="checkbox"/> Quality Assurance Specialist <input checked="" type="checkbox"/> President, Board of Directors	
<input type="checkbox"/> Other (Specify:)	

Comments:

Agency: Opportunity Resources, Inc.

Evaluators: Cherilyn Turner

10% sample of PSP/IP documents

Appendix
or QAOS

Case Manager	PW	SB	LH	PW	LM	LM	SB	
Consumer initials	l							
Face to Face Contacts (four per year)	y	y	y	y	y	y	y	
Quarterly reports reviewed?	y	y	n	y	na	n	na	
IP/PSP revised as needed?	y	y	y	y	y	y	y	
Services delivered per PSP/IP?	y	y	y	y	y	y	y	
Services Coordinated?	y	y	y	y	y	y	y	
Abuse, neglect, exploitation protocols followed?	y	y	na	y	na	n	y	
Training provided for abuse reporting?	n	n	na	n	na	n	na	
Explains waiver services?	y	y	na	y	na	y	y	

Comments:

Agency: Opportunity Resources, Inc.

Evaluators: Cherilyn Turner

10% sample of PSP/IP documents

Case Manager	PW	SB	PW	LM	Appendix or QAOS
Consumer initials					
Current PSP date	10/23/2007	8/7/2007	3/14/2007	10/30/2007	
Introduction, positive, no jargon	yes	yes	yes	yes	
Vision statement reflects individual wishes	yes	yes	yes	yes	
	yes	yes	yes	yes	
start, completion, review dates for outcomes/actions	yes	yes	yes	yes	
individual attendance, or documentation why not?	yes	yes	yes	yes	
rights restrictions, trg component, QIS approval?	NA	NA	yes	yes	
self admin med program, or justification?	NO	no	yes	yes	
consumer survey, personal info, concerns addressed?	yes	yes	yes	yes	
incident reports/issues addressed?	no	no	yes	yes	
behavioral support needs addressed?	yes	yes	yes	yes	
health care needs addressed?	yes	yes	yes	yes	
self care needs addressed?	yes	yes	yes	yes	
PSP within 365 days of previous?	11/15/2006	6/30/2006	2/8/2006	11/7/2006	
Waiver 5 attached to PSP/IP?	yes	yes	yes	yes	
ICP attached to PSP/IP?	yes	yes	yes	yes	
Implementation Plan attached as needed	yes	yes	yes	yes	

Comments:

Case Management Standards

Agency: Opportunity Resources, Inc.

Evaluators: Chris Kleinsasser

10% sample of PSP/IP documents

Case Manager	WR	WR	DE	DE	GC	WR	GC
Consumer initials							
Introduction, positive, no jargon	y	y	y	na	y	na	na
Vision statement reflects individual wishes	y	y	y	na	y	na	na
start, completion, review dates for outcomes/actions	y	y	y	y	y	y	y
individual attendance, or documentation why not	y	y	y	y	y	y	y
rights restrictions, trg component, QIS approval?	na	na	na	na	na	na	na
self admin med program, or justification?	y	y	na	na	na	na	na
consumer survey, personal info, concerns addressed?	y	y	y	na	y	na	na
incident reports/issues addressed?	no	no	y	na	y	na	na
behavioral support needs addressed?	y	y	y	na	y	na	na
health care needs addressed?	y	y	y	y	y	y	y
self care needs addressed?	y	y	y	y	y	y	y
PSP within 365 days of previous?	y	y	no	y	y	y	y
Waiver 5 attached to PSP/IP	y	y	y	na	y	na	na
ICP attached to PSP/IP?	y	n	n	na	y	na	na
Implementation Plan attached as needed	y	n	n	n	n	n	n

Comments:

Comprehensive Evaluation
3/4/2008

Agency: Opportunity Resources, Inc.

Evaluators: Chris Kleinsasser

Appendix
or QAOS

10% sample of PSP/IP documents

Case Manager	WR	WR	WR	DE	DE	GC	GC	
Consumer initials								
Face to Face Contacts (four per year)	y	y	y	y	y	y	y	
Quarterly reports reviewed?	y	y	n	y	na	n	na	
IP/PSP revised as needed?	y	y	y	y	y	y	y	
Services delivered per PSP/IP?	y	y	y	y	y	y	y	
Services Coordinated?	y	y	y	y	y	y	y	
Abuse, neglect, exploitation protocols followed?	y	y	na	y	na	n	na	
Training provided for abuse reporting?	n	n	na	n	na	n	na	
Explains waiver services?	y	y	na	y	na	y	na	

Comments:

There were no current quarterly reports in files on individuals reviewed at QLC, Conrad. QLC has not been completing nor submitting their reports.

Objectivity of case management services in one area had been of concern. Consumers had not been paid for over a year. When this was discovered Case Manager had many reasons in defense of the provider as to why this happened. However, ORI CM supervisor remedied the situation by working with the CM and relocating the office to a more neutral location (CM used to rent office space in the provider agency building).